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APPLICANTS

Darrel Drinan, San Diego, CA;

 Carl F. Edman, San Diego, CA;
 Robert J. Rosati, Carlsbad, CA;

** CONTINUING DATA *****

no

** FOREIGN APPLICATIONS *****

no

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/27/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 71	INDEPENDENT CLAIMS 5
Verified and Acknowledged	<i>Manda Wheeler</i> Examiner's Signature Initials				

ADDRESS

 20995
 KNOBBE MARTENS OLSON & BEAR LLP
 2040 MAIN STREET
 FOURTEENTH FLOOR
 IRVINE , CA
 92614

TITLE

Agent delivery and aspiration device

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)